

Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

Robert C. Haas
Secretary

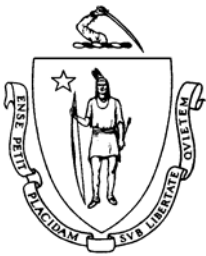
Thomas G. Gatzunis, P.E.
Commissioner

INSTRUCTIONS FOR COMPLETING LICENSE **APPLICATION FOR SECURITY SYSTEM CONTRACTORS**

1. Applicants for licensure, whether initial or renewal, must submit a non-refundable fee of \$250.00, payable by check or money order to the "Commonwealth of Massachusetts." The fee must be received with the application in order for the application to be processed.
2. The application must be completed in full. Failure to complete the application in full will result in the application being returned to the applicant and no license issuing.
3. Pursuant to G.L. c. 147, §§58-59 the following documents are required and must accompany the application and fee:
 - a. One (1) copy of current Massachusetts electrician's license, class A or C;
 - b. A Criminal Offender Records Information (CORI) request form, completed and signed by the applicant;
 - c. A certification by each of three (3) reputable citizens of the commonwealth residing in the community in which the applicant resides or has a place of business, or the community in which the applicant proposes to conduct their business, that they have personally known the applicant for at least three years, that they have read the application and believe each of the statements contained therein to be true, that they are not related to the applicant by blood or marriage, and that the applicant is honest and of good moral character; and
 - d. One legible copy of a photo identification of the applicant bearing the applicant's signature (examples: passport, driver's license).
4. Applicants who want to have the license issued in the name of their company must specify that preference on the application. Failure to so specify will result in the license being issued in the name of the individual applicant.
5. Please mail a check payable to the Commonwealth of Massachusetts, application, and accompanying documents to:

Department of Public Safety
S-license application
One Ashburton Place Room 1301
Boston, MA 02108-1618

****PLEASE REVIEW THE DEPARTMENT OF PUBLIC SAFETY WEBSITE FOR**
FURTHER INFORMATION: WWW.MASS.GOV/DPS**



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Application for Burglar Alarm/Security Systems Contractor License

****A \$250.00 non-refundable fee, photo identification, and three letters of **
recommendation must be submitted with this completed application.**

Name _____

Residence _____
(Street/Number) (City/Town) (State) (Zip Code)

Telephone number _____

Company Name _____

Business Address _____

Business telephone number _____

E-mail address _____

Date of Birth _____ **Place of Birth** _____

Mother's Maiden Name _____

Father's Full Name _____

Pursuant to Massachusetts General Law chapter 147, §59 all individuals applying for a security system contractors license must disclose whether they have been convicted of a felony. **Have you ever been convicted of a felony in Massachusetts?** Yes _____ No _____

Have you ever been convicted of a felony in a state outside of Massachusetts? Yes _____ No _____
If yes, please specify which state _____

Do you want the license to be issued in the name of the company or yourself? Company ____ Yourself ____
Clearly print name as you would like it to appear on the license _____

Have you registered your business name in accordance with Massachusetts General Law c. 110, §5?
Yes _____ No _____

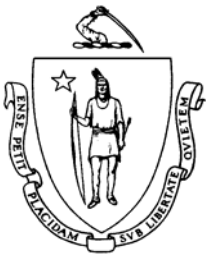
Do you represent an agency incorporated outside Massachusetts? Yes _____ No _____
If yes, please provide name and address of the agency: _____

Applicant's social security # (requested) _____ **Applicant's federal i.d. #** _____

I hereby attest, under the pains and penalties of perjury, that all information set forth on this application and submitted in support thereof is true and correct to the best of my knowledge.

Signature of Applicant

Date



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CORI REQUEST FORM

The Department of Public Safety-Division of Regulated Activities has been certified by the Criminal History Systems Board to access records of conviction and pending criminal case data for applicants for security systems contractors licenses. As an applicant I understand that a criminal record check will be conducted by the Department for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER ____-____-____

ADDRESS _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE